

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL090001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/05/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELIZABETHAN GARDENS

**1812 NEW TOWN ROAD
MONROE, NC 28110**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 5, 2015. Records indicate that this facility was licensed on November 1, 1971. The facility is currently licensed for 100 residents. Therefore, we are requiring the facility to meet the 1971 Rules for Homes for the Aged, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds and the 1967 Edition Volume I of the North Carolina State Building Code-Section 516-Institutional Occupancies. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Danell M. Coy* TITLE *Co-administrator*

(X6) DATE *12/24/18*

Division of Health Service Regulation

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C 101	Continued From page 1 1. Based on observation, the Building did not meet the NC State Building Code at the time of initial Licensing by not have adequate fire detection. This would affect all residents, staff and visitors by not providing early detection and alarming. Findings on November 5, 2015: a. There was no fire alarm detection in the large pantry in the Kitchen. b. There was no fire alarm detection in the Freezer Room c. There was no fire alarm detection in the connecting corridor between Kitchen and Freezer.	C 101	* asking for extention	
C 150	Corridors-Free of equipment and Obstructions SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Based on observation, the Building was not maintained in a safe manner by not maintaining a clear unobstructed exit path from the residents' rooms to the outside. This would affect all residents, staff and visitors by obstructing egress during an emergency. Findings on November 5, 2015: a. Chapel exterior exit blocked with an organ and the room occupancy is larger than 49.	C 150	- moved organ	11/15
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND	C 164		

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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C 166	Continued From page 3 equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on November 5, 2015: a. In the "E" Wing Resident Women Bath's the commode seat was loose. b. In the "E" Handicapped Bathroom the commode seat was loose. c. In the "E" Handicapped Bathroom the commode was missing its tank lid.	C 166 - ➤	replaced seat Replaced toilet	11/15 11/15
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide and/or maintain the fire extinguishers and associated equipment. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on November 5, 2015: a. Throughout the building, there was no documentation of the portable fire extinguisher's monthly inspections since the annual maintenance,	C 183 -	Had yearly inspection/service	11/15
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT	C 185		

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C 189	Continued From page 5 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, and activating a smoke detector the Building was not maintained in a safe and operating condition, because the fire protection equipment was in disrepair. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on November 5, 2015: a. "A" Wing - the audible and visible devices did not function when the fire alarm system was activated. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire rated doors protecting the opening in the Firewall did not close completely and latch in order to contain smoke/fire. This could affect all residents, staff and visitors by not containing smoke/fire in the fire compartment of origin. Findings on November 5, 2015: a. In the firewall separating "A" & "B" Wings, the right leaf of the cross-corridor doors did not latch when the fire alarm system released the doors. 3. Based on observation, the Building was not maintained in a safe and operating condition, because the door(s) protecting the opening in the smoke barrier did not close completely and latch to restrict smoke. This could affect all residents, staff and visitors by not containing the smoke to the fire compartment of origin. Findings on November 5, 2015: a. In the middle of "A" hall the back leaf, of the double-egress cross-corridor doors near	C 189	was E wing was repaired by Pye-Barker adjusted latches adjusted latches fitted handle	11/15 11/15 11/15

Division of Health Service Regulation
STATE FORM

Division of Health Service Regulation

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C 189	Continued From page 7 a. Basement, Storage room of Main Room - there were gaps around cables that penetrate through the fire-resistance-rated ceiling assembly. b. "A" Wing Aid Station - there were gaps around a one inch PVC conduit that penetrate through the fire-resistance-rated ceiling assembly. c. "A" Wing Exterior Mechanical Room - the fire-resistance-rated ceiling assembly had lots of penetrations including no flanges around HVAC duct penetrations. d. "D" Wing Sitting Room, there were gaps around an eyehook and two metal conduits that penetrates through the fire-resistance-rated ceiling assembly. 7. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on November 5, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in May 2015, there has been no record keeping of the monthly inspections. 8. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin.	C 189 - - - - - -	added Fire block foam & caulk added Fire block caulk sealant asking for extention added Fireblock caulk/sealant Semi-annual inspection/service done	11/15 11/15 11/15 11/15

If continuation sheet 9 of 12

Division of Health Service Regulation
STATE FORM

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C 189	Continued From page 10 to allow access into this area. 13. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 5, 2015: a. Little Office - eight portable medical oxygen cylinders were stored standing up in beverage crates not secured to the structure.	C 189		
C 195	Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to water temperature outside of the limits set in the Rule. Findings on November 5, 2015:	C 195	Oxygen supply company provided metal stand	11/15

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